(Music)

Male Narr: The Substance Abuse and Mental Health Services

Administration presents the Road to Recovery. This

program aims to raise awareness about substance use
and mental health problems, highlight the

effectiveness of treatment and that people can and do
recover. Today's program is "Understanding Diverse
Cultures in Delivering Recovery Services."

Torres: Hello, I'm Ivette Torres, and welcome to another edition of the Road to Recovery. Today we'll be talking about the delivery of recovery services to diverse cultures. Joining us in our panel today are Onaje Salim, Acting Deputy Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; Rabbi Hirsch Chinn, Board Member, Jewish Alcoholics, Chemically Dependent Persons and Significant Others, or JACS, New York, New York; Joe Powell, Executive Director, Association of Persons Affected by Addiction, a peer-to-peer recovery community

organization, Dallas, Texas; Josie Raphaelito, Program Associate, Center for Native American Youth, Aspen Institute, Washington, D.C. Onaje, what do we mean by the culture of a community?

Salim: The culture of a community reflects the patterns of behavior, the symbols, the language that the folks have in common in a certain geographic area. It can be their racial or ethnic background, or even some of their cultural preferences, their lifestyles, such as the lesbian, gay, bisexual, and transgender community.

Torres: And Hirsch, it can also mean the religious aspects of one's life, correct?

Chinn: Very much so. I think it's true for all communities, where those outside of the community sort of see it as monolithic, there's oh, it's that community and it's the Jewish community. And yet all of us know within our own community there are so many smaller groups, whether they be divided by religious, language, even foods that they eat or the social makeup of the families. There are so many differences that we do

ourselves a disservice by limiting it, giving it a label, a name, and that's the community.

Torres: Very true.

Raphaelito: Right. And I would also just jump in to say I agree with both of those. It's I think an easier way for people like us to be able to communicate about what's happening in different communities or in reports or in summaries, but really at the community level in thinking about, you know, what are the values of these communities, what are the language or traditions that are being taught to the young people? That's also something that I always keep in mind, especially in the work that we do.

Torres: And Joe, what does it mean to define community as it's related to prevention, treatment, and recovery services?

Powell: Wow. Well, definitely the community when it comes to prevention, treatment, and recovery, it engulfs all of the aspects of substance use and mental health when it comes to how do you present substance use or mental

health problems for families in a community. You're talking about individuals and families when it comes to the community; it's talking about the whole village. But how do you promote health in the community?

How do we get, is there treatment available in those communities? And how does a community respond to recovery? That's one of the big things for us right now, as far as in the Association of Persons Affected by Addiction, is how do we really promote the culture of recovery in the communities? Because communities have been so devastated with addiction and mental health, and where we are there's a lot of traffic going, when it comes to that.

So we are in the process of changing that way of thinking in the community towards mental health and towards substance use recovery, which is another word for, really, health in our community. So, community is big when it comes to prevention, treatment, and recovery, and then how does it loop around from people in recovery and helping those to prevent substance use and mental health disorders?

But definitely the community, the village, the whole village; I mean, everybody from the business person to the hospitals, treatment centers, community, everyone plays a part in that community.

Torres: Hirsch, essentially as we look at the whole community we do find that there are disparities in the delivery of health care within these communities, correct?

Chinn: Very much so. I think it goes back to when services are brought in from outside of the community, there are certain assumptions that are made about the needs of the community, and often there isn't enough information from the inside that allows the service provider to give the help that they mean to give. I think we have to pay much better attention to the needs of our individual communities and allow for a lot of that help to come from within the community, whether it's from peer-to-peer or professionals within the community.

Torres: Onaje, I know that SAMHSA has an area that deals with disparities, health disparities. Can you talk a

little bit about that? And talk a little bit about what are some of those disparities?

Salim: Yes, for the past few years we have established the Office of Behavioral Health Equity. And the whole idea behind the office is that we recognize disparities between communities, between cultural groups, and we understand from that information that we need to address those. The Office of Behavioral Health Equity was established to measure or to collect information, data about those disparities, but not just to store the data, but to take action, to make recommendations for policy changes and for programming and to increase awareness about the disparities and how we can address them in a community, as Joe was talking about.

Torres: And Joe can you expand on that? What are some of the disparities that you see that affect communities of color or special groups that need to be addressed?

Powell: Well, I think one we talk about is access as far as to health care in the communities. And as far as the disparities for lower economic status or people that

are at poverty levels in the communities; I know that there are communities of color that actually have some serious social detriments that really cause problems to health. How do we get the health care that we need, the disparities of not only access but affordability, right, and how can we afford, you know, the health care that we need?

Torres: Josie in terms of the Native that Joe mentioned what are some of the specific disparities that one can identify that need to be overcome?

Raphaelito: When I think about health disparities and the work that we do at the Center for Native American Youth, one of the biggest things that our whole team is very passionate about is suicide prevention. So for a Native American youth ages 15 to 24, it's the second leading cause of death. And so it's something that has been, you know, happening across the country and, you know, urban Indian areas, tribal communities, and when I think of health disparities, that's at the top. And so that's a bigger behavioral health issue that encompasses everything that I think we've been

discussing so far is education and, you know, businesses and the whole community.

Torres: And when we come back, we will continue to dialogue about these issues. We'll be right back.

(Music)

Male Narr: For more information on *National Recovery Month*, to find out how to get involved or to locate an event near you, visit the *Recovery Month* website at recoverymonth.gov.

Male Narr: Milton Sanchez, Executive Director at Neighbors'
Consejo in Washington, D.C., discusses some of the
obstacles to providing recovery services within the
Latino community.

Sanchez: Working with Latinos, especially from Central America, in the United States here in Washington, D.C., they perceive mental health services or substance abuse services sometimes like a weakness. You are weak if you look for help because I'm the macho man, I'm the man that provide everything, I cannot get sick. Also

because in the cultures they perceive the substance use as a problem just when it's really grave, just when it's really advanced, knowing the initial period of the problem.

I will say that we need to recognize the lack of skills, the lack of coping skills that they have to look for help. And that is where clinicians need to recognize and go for them and try to work with them and try to help them to identify their own issues.

(Music)

Female VO 1: Every day I seek a positive ...

Male VO 1: ... direction for my life.

Male VO 2: Through my accomplishments ...

Female VO 2:  $\dots$  and now, with help  $\dots$ 

Male VO 3: ... and support from my family and others, I own ...

Male VO 4: ... I own ...

Female VO 3: ... I own my recovery from addiction and depression.

Group VO: Join the voices for recovery; it's worth it.

Male VO 5: For information on mental and substance use disorders, including prevention and treatment referral, call 1-

800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Torres: So we've established that the culture of a community is indeed a factor in the delivery of health care services. And I just want to expand on how is culture a factor? What do health care delivery services need to be aware of as they're looking at specific communities that they serve? Onaje?

Salim: Well, I think we've already touched on the fact that very critical to the delivery of services is understanding the cultural diversity within the community that exists, whether there are language differences, whether there are points of view regarding health services that are different. As we already talked about, certain cultural groups have their own specific indigenous forms of healing that sometimes have to be incorporated into the health care delivery; at least considered, respected, and appreciated. Otherwise, people can be turned off by the delivery system and will delay going until the very last minute. Health care providers need to embed

themselves in the community and understand the values of the people that they work with.

Torres: And Joe, talk to me a little bit about cultural and linguistic competence. What do you need to have in order to address the full complement of cultures that are within your reach?

Powell: I think that one is, for an organization like ours that's in the community, is that we honor all roads to recovery, which can also you know connect to different cultures. For instance Latino community, right, who does not embrace a whole lot of the 12-step community; they might be more faith based, but also the linguistic part. One of the things that we offer is a group called Bienvenido, which means welcome, right, in Spanish. And, of course, there are so many different cultures within subgroups of even the Hispanic community, as well as African American descent communities.

So it's different roles, and so not only the language, but also what's written, you know when you have to have the material in both languages. And also what's

attractive. For us in culture and recovery, that it's not about so much as promoting and providing as it is what's attractive, what's going to attract people in the community of that culture to your organization as a recovery organization?

So, being that we provide recovery support for all throughout the community, we have different cultures that come to us, that want to give back, that want to just be a part of the recovery community. And then the culture of recovery in itself, you know, just knowing that that's a culture also. But we want to be, of course, we have to be part of the larger community. I say that the largest health care resource that we have in this country is people in recovery. So whether you're Latino, Asian, African American, Native American, you still, because of our own recovery with the families and the community, we're the ones that the stories must be told in those cultures. And that's another thing, that how the story is told in each culture, you know, that it can relate to other ones, with lived experience, but also coming out of that culture.

Torres: And Josie, are there similarities in the Native community in terms of we really have an ingrained hesitancy I think in some of our communities to approach services.

Raphaelito: Right. And I think something that kind of strikes me and something that may be unique to not just Native American communities or tribal or urban Indian communities is just small rural communities as they are. Many of the communities that we visited with our team and making sure that we're hearing stories from communities, from tribal leaders, from students about different issues that are impacting their areas.

Something that we hear about specific to behavioral health and accessing I guess different health care services is the fact that they are so small, that it is so rural.

And that going into a clinic or going in to see a therapist or a counsel, knowing that when you walk out your aunt is going to be sitting across, you know, working at the business office. Or that your grandpa is going to be walking and see you exit that and know why you're there. And so having that, I guess, issue

with really trusting the services that are there and really being able to trust in confidentiality, I think that is something that can deter a lot of both adults and young people from accessing those services.

Chinn: I know within the Jewish community, it's probably true for other minority cultures, there's a certain shame, you're very protective of your communities, your culture's pride and image, so there's a tremendous amount of embarrassment when it comes to addiction and mental health issues in the Jewish community. It's very difficult to admit to having that issue. So getting over that shame, I can tell you over the years I ran into people, bright, intelligent people who would not go into recovery because they were the only Jew that was an addict, the only Jew that was an alcoholic.

Unfortunately that's very, very not true. But because of that stigma, the reason why I started working in this field, it took me over two years to be put on the agenda of a community meeting. Now, 30 years later, communities are willing to say we know we have the problem, how can we help? They are more open to it.

Torres: Well when we come back, we'll start looking at our own structures and see how we need to engage both in terms of leadership, governance, and workforce to address the issues of prevention, treatment, and recovery services in our community. We'll be right back.

(Music)

Torres: Joe, should organizations that attempt to serve or serve cultural, linguistic, and ethnically diverse audiences, should they have special policies that actually guide their work towards these communities?

Powell: Yes. Yes, very important. We just received the national accreditation as a peer recovery organization, one of the first in the country. And that was one of the things that they look at definitely, not only ...

Torres: What did they look at specifically?

Powell: Well, they looked at governance first.

Torres: And what about the governance?

Powell: And how do you include the community into the governance, how do you include the peers? How do you include people in recovery, family members? And how do you govern? And, of course, it's very important for the governance to actually take a part, to play a part in the community and play a part in the organization. It's very important that we know who we serve and also include them; our second guiding principle for our organization is inclusion.

Torres: Very good. And Josie, when it comes to also the workforce that delivers the services within the Native community, those aspects are very important as well.

I suspect that youth helping youth would be more acceptable than an elder. Is that correct?

Raphaelito: I think it's a good mixture. So something that's
unique to I guess health care access in Indian country
is that the federal government has a trust
responsibility with tribes to provide health care
services, law enforcement, and education. And it's
through Indian Health Service. And so when you're

asking about recruitment and retention, something that needs to be kept in mind is that the IHS is actually funded at, I think what they've most recently said is at 50 percent of what's actually needed.

So understanding that you're at that disadvantage already really ties into all the different services, what the workforce looks like, how do you recruit and keep providers out in tribal or urban Indian areas. And so that's something that, you know, we would always want to make sure that's in the discussion when we're talking about these issues. And so when we think about, you know, having peer-to-peer or tribal leaders or elders included in the conversations, absolutely. I mean, we meet different programs. I've gone to different treatment centers that are located on reservations or near reservations. And making sure that there is that inclusion of the community and making sure that there's a mix up of like who's involved, who's interested in getting involved. Making sure that the young people and elders are at the table is really important.

Chinn: Josie, I know a lot of our organizations rely heavily on volunteerism. And one of the things I would ask is that sometimes when you're working out through governance, there's a lot of paperwork and there's burden of forms. And when you're working with people, salaried people. Well, that's their job. When you're working with volunteers, they don't have time for this, when it comes time for funding requests.

Keeping in mind that we want to involve those who are receiving the care, they are volunteers and by nature they don't have a lot of time.

And we need to somehow create a balance, and also when we mix services and business you struggle with the numbers game; well, how many people have you served, as opposed to the quality of the changes that you've made, and it doesn't necessarily match. You need numbers. But that's not what we're about.

Torres: Well, unfortunately we are in a system where Congress demands outcomes and, you know, that is one of the ways to prove that our tax dollars are being spent well. I know we struggle with that at SAMHSA, in terms of you know the practice itself and the good that it

does, but you still have to create some type of a balance I think between the two.

Chinn: Just keep us in mind.

Torres: Yes. Very good. Onaje, in terms of the way we look at mental health and substance use disorder and the delivery of services, they vary across racial and ethnic groups. Can you talk to me a little bit more in terms of what SAMHSA's doing to specifically address those needs?

Salim: SAMHSA has a variety of components in its agency to address health disparities. And I think that's what we're talking about, different rates of problems, of mental illness, of addiction in various cultural communities. And for a long period of time, for over about two decades, we've collected information every year from the communities in what we called our National Survey on Health. And we find out what's the rate of addiction, for example, in the African American community and the Pacific Islander and Native Hawaiian community.

But it's not enough just to find out what those rates are and why they're different. But getting to Hirsch's point, we have to understand why are these rates different? And are our services of sufficient quality to address the needs of the community and address those disparities and different rates of problems in the community? And that's what the Office of Behavioral Health Equity is really working on currently.

Torres: Well, when we come back I want to talk in our final segment about the good parts of our programs that do, and that can bring people in that are isolated and then feel stigmatized. We'll be right back.

(Music)

Female VO: At times, the path to recovery from a mental and substance use disorder may be unclear. But laying a strong foundation, with the support of others, makes all the difference. For information on mental and substance use disorders, including prevention and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Torres: Hirsch, we've talked a lot about different types of services. I want to go back to you and ask you specifically, what are some of the important characteristics of a good delivery service that is faith-based?

Chinn: I can speak about what I know but, JACS, the organization that I work with, focuses on the Jewish community in its broadest sense in terms of bringing the services to recovering Jews where they are. There are many, many communities. One of the things that has been wonderful is they started working with teens, going to Jewish high schools. And if you can reach a kid, start a kid in the road to recovery when they're young, it's a really amazing journey.

And if we use the power and the energy that's brought through faith; you take for example, I'm more familiar with 12-step programs, when you take a spiritual program and you tie it with faith and you know bring it to the synagogue, bring it to the ritual, and you have, they feed off of each other, the recovery can be very, very strong. But we need to be able to bring

the information to the rabbis, to the synagogues, to the schools.

And we're doing this slowly. These kinds of efforts, almost a barrage of information and having people in recovery, meet their rabbis, meet their pastors, meet their principals, and saying we can do this together and form that partnership. I think we have so much to gain if we tap into the energy of faith.

Torres: Absolutely. And Josie, I want to go back to you on issues of what is your program about. Tell us a little bit more in how people can access information about the program, in the event that they want to replicate it or get involved.

Raphaelito: Absolutely. So the Center for Native American Youth is a little different in that we're a policy program that's really working to raise national awareness of the different challenges but also successes that are facing, you know, the 2.1 million Native American youth across the country. And so we're really trying to engage new stakeholders to drive more attention and resources to these areas. So a big part of our work is

traveling out to different communities throughout the country to hear different stories, different perspectives; what does the complexity of issues look like on the ground, to then communicate that on a national level. We have an online resource center where we're trying to pull all of that information together that's relevant for Native youth and tribes and new stakeholders about different issues around what's impacting young people in Indian country to make it easier to access, easier to navigate, so when we're out in different communities, we're constantly collecting those resources, understanding what are the promising programs that are really working.

Hearing from a 14 year old to say, "This after school program is keeping me out of trouble; it's keeping me away from drugs." I feel like that's incredibly impactful. And being able to share that on a national level and within our resource system is something that you know I think adds a lot of value to conversations like this today.

Torres: And we really need to also address what used to be called stigma, we're not saying stigma any longer,

we're calling it discriminatory practices that people engage in with those that either have a mental health problem or a substance abuse problem.

And I'm going to start with Joe, final thoughts in terms of if we really don't tackle the whole issue of discriminatory practices, will we move ahead?

Powell: I don't think so. I think that the dialogue has to happen. And the dialogue, meaning that everybody's got to come together; you do have to bring the youth, you have to bring, you know what I mean, the seniors, you have to bring the criminal justice, you have to bring the faith-based, you have to bring the community together and some representation there to move toward the advocacy and policy piece.

That policy and advocacy is huge when it comes to discriminatory and what are we fighting for, you know, even the females. So it's huge when it comes to who do we bring together, what are we dialoging, what are we fighting for, and let's get past that.

Torres: Josie, final thoughts on that.

Raphaelito: I think that it's a very sensitive issue. When I was talking about suicide earlier, there are some communities that want to address it head on and say this is an issue, and other people say this is the S word, this isn't something we're going to talk about. So I think finding different strategies to approach it in different ways is probably the best way to do it. And an example is the way that we're talking about the issue with our organization is bringing together everyone around their children, their young people. What's impacting your young people, how can we bring other people to the table to say these are the issues? And maybe treatment and substance abuse is something that's going to be brought up. And that's how I think it can move forward.

Torres: Excellent. Hirsch?

Chinn: As much as we do need to be careful of discriminatory practices, one of the things I would urge us also to be careful of sort of the flip side is there is something in recovery, they talk about chronic uniqueness. And a lot of times if I see myself as

different well I can't get that kind of recovery. And we need, on one hand to have this umbrella of services available with education. But there also has to be coming from the other side of you're part of it. I know with JAC we have this retreat for Jews of all flavors and stripes, you say you're Jewish, fine, you're welcome.

But within that framework there might be individual meetings for some of the specific interests will be lesbian and gay meetings, where there will be adult children of Holocaust survivors. There are all kinds of differences. But we need to know we are fighting addiction, we're fighting alcoholism, fighting mental illness. And we need to come from the other side to bring us in...

Torres: So that has to be our common denominator.

Chinn: Yes. Otherwise we'll find too many reasons to divide ourselves.

Torres: Onaje, final thoughts.

Salim: I think Hirsch is right that we have to find unity within the diversity while we preserve our unique identities. One way SAMHSA's helping to do that is continuing to fund faith-based and community-based organization. Even in the midst of all this health care transformation and expansion of insurance and what have you, SAMHSA still does try to find exemplary practices that are culturally valid, culturally appropriate, fund those and then try to spread awareness of what we learn from them.

Torres: Excellent. And I want to remind our audience that
September is National Recovery Month. And this show
is part of that effort, and we hope that you go to
www.recoverymonth.gov and learn more about the
wonderful materials that you can use to celebrate
recovery all year round, but particularly in
September. So start planning your events and we hope
that you'll be able to join us in that observance. I
want to thank our panel. It's been a wonderful show.
Thank you.

(Music)

Male Narr: The Road to Recovery television and radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country. To view or listen to the Road to Recovery television and radio series from this season or previous seasons, visit recoverymonth.gov and click on the Video, Radio, Web tab.

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